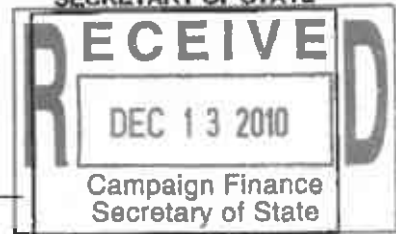


## 2010 ELECTION CYCLE

Judicial Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE



Name of Candidate Wilton M. Nair  
Address 1639 Hwy 84 W., Collins, MS County Covington  
Telephone Work 662-653-3191 Home 601-941-9536 Fax \_\_\_\_\_  
Contact Name Wilton M. Nair Email Address \_\_\_\_\_  
Office Sought Circuit Judge - 13th District (write-in election)

☒ Check here if above is different from previous report

\_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
\_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
\_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
\_\_\_\_ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
\_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
✓ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
\_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
✓ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2430.35 + \$ 0	\$ 2430.35	\$ 4556.47
Total amount of disbursements	\$ 1988.32 + \$ 442.03	\$ 2430.35	\$ 4556.47
Total amount of cash on hand	\$		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Wilton A. Nair  
Signature of Candidate

12/6/10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-369-1499 or 601-676-3915.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Wilton Mc Nair  
 Reporting period October 24, 2010 through November 13, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Office Depot</u>		
Mailing Address	<u>10/27/10</u>	\$ <u>140.60</u>
<u>1000 Turtle Creek Drive</u>		
City, State, Zip Code	<u>10/30/10</u>	\$ <u>184.48</u>
<u>Hattiesburg, MS 39402</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1532.55</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Berry Signs &amp; Stripes</u>		
Mailing Address	<u>11/1/10</u>	\$ <u>26.75</u>
<u>2125 Glendale Ave</u>		
City, State, Zip Code	<u>11/12/10</u>	\$ <u>1183.42</u>
<u>Hattiesburg, MS 39401</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1210.17</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Office Depot</u>		
Mailing Address	<u>11/8/10</u>	\$ <u>324.10</u>
<u>1000 Turtle Creek Drive</u>		
City, State, Zip Code	<u>11/9/10</u>	\$ <u>14.97</u>
<u>Hattiesburg, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1871.62</u>
<u>Printing Supplies</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Smith County Reformer</u>		
Mailing Address	<u>11/12/10</u>	\$ <u>114.00</u>
<u>P.O. Box 187</u>		
City, State, Zip Code	<u>1/1/10</u>	\$
<u>Raleigh, MS 39153</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>570.00</u>
<u>Political Ad</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Name of Candidate or Committee Wilton McNair  
 Reporting period October 24, 2010 through November 13, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilton McNair</u>	<u>10/27/10</u>	\$ 140.60
Mailing Address <u>1639 Hwy 84 W</u>	<u>10/30/10</u>	\$ Mastercard #-6515
City, State, Zip Code <u>Collins MS 39428</u>	<u>1/1/10</u>	\$ 184.48
Name of Employer (Required) <u>21st District - State of MS</u>	<u>1/1/10</u>	\$ Mastercard #-6515
Occupation (Required) <u>Assistant District Attorney</u>	Aggregate year-to-date	\$ 1532.55
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilton McNair</u>	<u>11/1/10</u>	\$ 26.75
Mailing Address <u>same as above</u>	<u>1/1/10</u>	\$ cash
City, State, Zip Code <u>" " "</u>	<u>11/12/10</u>	\$ 1183.42
Name of Employer (Required) <u>" " "</u>	<u>1/1/10</u>	\$ cash
Occupation (Required) <u>" " "</u>	Aggregate year-to-date	\$ 1210.17
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilton McNair</u>	<u>11/8/10</u>	\$ 324.10
Mailing Address <u>same as above</u>	<u>1/1/10</u>	\$ Mastercard #-6515
City, State, Zip Code <u>" " "</u>	<u>11/9/10</u>	\$ 14.97
Name of Employer (Required) <u>" " "</u>	<u>1/1/10</u>	\$ Mastercard #-6515
Occupation (Required) <u>" " "</u>	Aggregate year-to-date	\$ 1871.62
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilton McNair</u>	<u>11/12/10</u>	\$ 114.00
Mailing Address <u>" " "</u>	<u>1/1/10</u>	\$ cash
City, State, Zip Code <u>" " "</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>" " "</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>" " "</u>	Aggregate year-to-date	\$ 570.00